

PRIMARY AND SECONDARY SYPHILIS

COUNTRY OF ORIGIN STUDY, 1966*

BRITISH COOPERATIVE CLINICAL GROUP†

This is the fourth study by the British Cooperative Clinical Group of the country of origin of patients with early syphilis. The first (*Brit. J. vener. Dis.*, 1964, 40, 242) was concerned with primary, secondary, and early latent syphilis in the first year of infection. In the second (*Brit. J. vener. Dis.*, 1965, 41, 244) and third (*Brit. J. vener. Dis.*, 1967, 43, 89) and also in the current study, it was decided to omit early latent cases and concentrate on patients with primary and secondary syphilis.

The present investigation concerns the country of origin of 1,387 patients with primary and secondary syphilis (1,138 males and 249 females) treated in 182 clinics in England and Wales and in Scotland during 1966. As in the previous studies, the data are contrasted with those relating to patients with gonorrhoea treated in the same clinics during the same year.

Source of Data

182 clinics in 144 towns and cities participated in the study, 166 being situated in 132 towns and cities in England and Wales and sixteen in twelve towns and cities in Scotland. The 1,316 patients (1,087 males and

229 females) treated in the clinics of England and Wales comprised 95·6 per cent. of the national total (96·0 per cent. of the males and 94·6 per cent. of the females—Table I). In Scotland the coverage was 92·7 per cent. for males and complete for females.

The national total of patients with primary and secondary syphilis fell during the year (from 1,743 to 1,374 cases in England and Wales) and this, together with slightly reduced total coverage, is reflected in the fewer numbers of both sexes included in the study compared with the previous year.

In Scotland approximately 37 times and in England and Wales approximately 27 times as many cases of gonorrhoea as of primary and secondary syphilis were treated in the clinics supplying data to the study.

Geographical Situation of Clinics and Cases Treated

The clinics are arranged in Table II (overleaf) according to the population of the town or city in which each is situated. As has been noted in all the previous studies, there is a marked concentration of cases of primary and secondary syphilis (and of gonorrhoea also) in the larger cities of England and Wales, particularly London.

The rates per 100,000 for primary and secondary syphilis, based on the populations of the towns and cities in which the clinics were situated, decreased during the year in all areas except in the towns and cities of 50,000–100,000 population.

TABLE I
PERCENTAGE OF NATIONAL COVERAGE, BY SEX, 1966

Area		Sex		Total	
		Male	Female	Primary and Secondary Syphilis	Gonorrhoea (for comparison)
England and Wales	Cases included in Survey	1,087	229	1,316	35,597
	Total Cases	1,132	242	1,374	37,483
	Percentage covered by Survey	96·0	94·6	95·6	95·0
Scotland	Cases in Survey	51	20	71	2,656
	Total Cases	55	20	75	2,703
	Percentage covered by Survey	92·7	100·0	94·7	98·3
Total included in Survey		1,138	249	1,387	38,253

* Received for publication July 17, 1967.

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TABLE II

SITUATION OF CLINICS AND NUMBER OF CASES OF PRIMARY AND SECONDARY SYPHILIS, 1966, WITH COMPARISON OF CASE RATES PER 100,000 POPULATION, FOR PRIMARY AND SECONDARY SYPHILIS AND GONORRHOEA

Area		Population Covered	No. of Towns or Cities	No. of Clinics	Total Cases	Cases per Clinic	Cases per 100,000 Population	
							Primary and Secondary Syphilis	Gonorrhoea
England and Wales	London	8,186,830	1	27	719	26.6	8.78	180.2
	Over 500,000	2,988,470	4	7	188	26.9	6.29	250.4
	100,000-500,000	7,190,680	38	43	252	5.9	3.50	135.0
	50,000-100,000	3,359,500	48	48	119	2.5	3.54	78.2
	Under 50,000	1,193,883	41	41	38	0.9	3.18	86.3
	Total	22,919,363	132	166	1,316	7.9	5.74	155.3
Scotland		2,285,975	12	16	71	4.4	3.11	116.2
Total		25,205,338	148	182	1,387	7.6	5.51	151.7

In 1966, 71.0 per cent. of the infections in males and 59.0 per cent. of those in females were noted in five cities, including London, with a population of 500,000 or more (Table III) compared with 74.5 per cent. and 62.0 per cent. respectively in 1965, indicating a somewhat lower concentration in the largest cities.

Male : Female Ratio

The male : female ratio is shown by clinics in Table IV.

The ratio in England and Wales for primary and secondary syphilis was 4.7:1 compared with 3.0:1 for gonorrhoea, the ratios in virtually all areas having decreased for both diseases since the previous year, probably as a result of more intensified efforts at contact-tracing in heterosexual infections. The ratio for both diseases in Scotland in 1966 was 2.6:1.

Nevertheless the male : female ratio for primary and secondary syphilis, continued to be markedly higher in London than in other areas, and this was also true for gonorrhoea, though to a lesser extent.

TABLE IV

MALE:FEMALE RATIO FOR PRIMARY AND SECONDARY SYPHILIS AND GONORRHOEA, BY SIZE OF TOWN OR CITY

Area		Sex		Male:Female Ratio	
		Male	Female	Primary and Secondary Syphilis	Gonorrhoea
England and Wales	London	629	90	7.0:1	3.4:1
	Over 500,000	143	45	3.2:1	3.0:1
	100,000-500,000	201	51	3.9:1	2.6:1
	50,000-100,000	85	34	2.5:1	3.0:1
	Under 50,000	29	9	3.2:1	2.7:1
	Total	1,087	229	4.7:1	3.0:1
Scotland		51	20	2.6:1	2.6:1

Racial Distribution

Male Patients

Percentage of Immigrants The racial distribution of male patients is shown in Table V (opposite).

In England and Wales, persons born in the United Kingdom accounted for 50.3 per cent. of infections with primary and secondary syphilis compared with

TABLE III

PERCENTAGE OF CASES OF PRIMARY AND SECONDARY SYPHILIS AND GONORRHOEA TREATED IN DIFFERENT CLINICS, BY SEX
England and Wales only

England and Wales	No. of Clinics	Sex					
		Male			Female		
		No. with Syphilis	Percentage		No. with Syphilis	Percentage	
			Syphilis	Gonorrhoea		Syphilis	Gonorrhoea
London	27	629	57.9	42.6	90	39.3	37.9
Over 500,000	7	143	13.1	20.9	45	19.7	21.2
100,000-500,000	43	201	18.5	26.3	51	22.3	30.3
50,000-100,000	48	85	7.8	7.4	34	14.8	7.4
Under 50,000	41	29	2.7	2.8	9	3.9	3.1
Total	166	1,087	100.0	100.0	229	100.0	100.0

TABLE V
RACIAL DISTRIBUTION OF MALE PATIENTS, 1966

Country of Origin	Area				
	Scotland		England and Wales		
	No. of Cases	Per-centage	No. of Cases	Percentage	Gonorrhoea
				Primary and Secondary Syphilis	
West Indies (Negro)	—	—	95	8.7	18.4
Africa (Negro)	—	—	21	1.9	2.9
Other Negro	—	—	9	0.8	0.8
Asia	5	9.8	200	18.4	8.5
Mediterranean	—	—	50	4.6	4.5
United Kingdom	41	80.4	547	50.3	54.6
Eire	—	—	45	4.1	5.2
Other Europe	3	5.9	85	7.8	3.5
All Other Non-Negro	2	3.9	35	3.2	1.6
Total	51	100.0	1,087	100.0	100.0

54.5 per cent. in the previous year. On the other hand, the proportion of West Indians increased from 5.0 per cent. in 1965 to 8.7 per cent. in 1966, while that of other immigrants remained much the same, 40.5 per cent. in 1965 and 40.9 per cent. in 1966.

The contribution made by Asians, which had increased from 10.3 per cent. in 1964 to 19.0 per cent. in 1965, remained high at 18.4 per cent. in 1966 and continued to be the largest of any immigrant group.

In Scotland, 80.4 per cent. of infections with primary and secondary syphilis occurred in persons born in the United Kingdom, compared with 88.3 per cent. in 1965. This decrease was accounted for by an increase in Asians, the five cases in this group representing 9.8 per cent. of infections in males in the Scottish clinics under study.

Racial Distribution according to Size of Towns and Cities Table VI shows that, of 772 patients treated in London and cities exceeding 500,000 population, 375 (48.4 per cent.) were born in the United Kingdom, whereas, of 315 patients treated in towns and cities of less than 500,000 population, 172 (54.3 per cent.) were United Kingdom-born. These figures compare with 52.0 per cent. and 61.8 per cent. respectively in 1965 and indicate a greater diffusion of syphilitic immigrants amongst the population at large during the year.

TABLE VI
RACIAL DISTRIBUTION OF MALE PATIENTS BY POPULATION OF TOWNS AND CITIES, 1966

Area		Race					
		West Indians		Other Immigrants		UK-born	
		No.	Per cent.	No.	Per cent.	No.	Per cent.
England and Wales	London Over 500,000	68	71.6	250	56.2	311	56.8
	100,000–500,000	8	8.4	71	15.9	64	11.7
	50,000–100,000	15	15.8	67	15.1	119	21.8
	Under 50,000	4	4.2	39	8.8	42	7.7
	Total	95 (8.7 per cent.)	100.0	445 (40.9 per cent.)	100.0	547 (50.3 per cent.)	100.0
	Scotland	—	—	10	—	41	—

Table VII shows that, of the cases of primary and secondary syphilis in Asians, 73.5 per cent. were treated in London and the larger cities exceeding 500,000 population, and only 14.5 per cent. in the 89 clinics situated in towns and cities of 100,000 population and less (compared with 50.4 per cent. and 11.5 per cent. for gonorrhoea).

TABLE VII
DISTRIBUTION OF ASIANS WITH PRIMARY AND SECONDARY SYPHILIS BY POPULATION OF TOWNS AND CITIES, AND COMPARISON WITH GONORRHOEA, 1966

Area		Primary and Secondary Syphilis			Gonorrhoea		
		Total Cases	Asians	Per cent.	Total Cases	Asians	Per cent.
England and Wales	London Over 500,000	629	108	54.0	11,369	516	22.6
	100,000–500,000	143	39	19.5	5,591	635	27.8
	50,000–100,000	201	24	12.0	7,009	869	38.1
	Under 50,000	85	20	10.0	1,965	214	9.4
		29	9	4.5	753	48	2.1
	Totals	1,087	200	100.0	26,687	2,282	100.0
Scotland		51	5	9.8	1,922	71	3.7

Nevertheless, as is shown in Table VIII, Asians contributed a proportionately high percentage of the total of cases of early infectious syphilis in the smaller towns, no less than 29 of the 114 cases (25.4 per cent.) encountered in 1966 in the 89 clinics in towns and cities of 100,000 or less being in this group.

TABLE VIII
DISTRIBUTION OF ASIANS WITH PRIMARY AND SECONDARY SYPHILIS, 1965 and 1966

Area		Total Cases in Study		Asians			
				1965		1966	
				No.	Per cent.	No.	Per cent.
England and Wales	London Over 500,000	783	629	129	16.5	108	17.2
	100,000-500,000	273	143	93	34.1	39	27.3
	50,000-100,000	239	201	26	10.9	24	11.9
	Under 50,000	83	85	16	19.3	20	23.5
		40	29	6	15.0	9	31.0
	Total	1,418	1,087	270	19.0	200	18.4
Scotland		60	51	3	5.0	5	9.8

Racial Distribution of Primary and Secondary Syphilis compared with Gonorrhoea In the analysis of the 1965 figures it was reported that the proportion of those born in the United Kingdom was no longer substantially higher in patients with primary and secondary syphilis than in those with gonorrhoea. This trend has continued into 1966 when the proportion of immigrants had become slightly higher in patients with primary and secondary syphilis than in those with gonorrhoea (Table IX), in which disease the proportion of United Kingdom-born cases has gradually risen in recent years.

TABLE IX
PERCENTAGE DISTRIBUTION OF MALE PATIENTS WITH PRIMARY AND SECONDARY SYPHILIS COMPARED WITH THOSE WITH GONORRHOEA, 1966
England and Wales only

Race	Primary and Secondary Syphilis	Gonorrhoea
West Indians	8.7	18.4
Other Immigrants UK-born	40.9 50.3	27.0 54.6
Total	100.0	100.0

Comparison with Earlier Studies Table X compares the percentage findings of the 1966 study with those of 1965, 1964, and 1963. There is a

TABLE X
PERCENTAGE COMPARISON OF MALE CASES IN 1966 WITH EARLIER STUDIES
England and Wales only

Country of Origin	Year			
	1963*	1964	1965	1966
West Indies (Negro)	6.6	5.9	5.0	8.7
Africa (Negro)	1.3	1.7	0.6	1.9
Other Negro	0.8	0.5	0.4	0.8
Asia	7.0	10.3	19.0	18.4
Mediterranean	3.5	4.0	5.1	4.6
United Kingdom	62.6	60.6	54.5	50.3
Eire	4.8	5.3	3.7	4.1
Other Europe	9.3	9.1	8.0	7.8
All Other Non-Negro	4.1	2.5	3.7	3.2
Total	100.0	100.0	100.0	100.0

* Includes early latent cases also.

substantial fall in the numbers of those born in the United Kingdom, a considerable rise in Asians and less so in West Indians, while the trends in other groups have remained relatively stable—apart from “other Europeans”, which show a continued slight decrease. These findings are summarized in Table XI.

TABLE XI
SUMMARY PERCENTAGE COMPARISON OF 1966 WITH EARLIER STUDIES

Race	Year			
	1963*	1964	1965	1966
West Indians	6.6	5.9	5.0	8.7
Other Immigrants UK-born	30.7 62.6	33.5 60.6	40.5 54.5	40.9 50.3
Total	100.0	100.0	100.0	100.0
Asians†	7.0	10.3	19.0	18.4

* Includes early latent cases also.

† Included in other immigrants.

Ratios of Gonorrhoea to Primary and Secondary Syphilis These are shown in Table XII. The findings of the earlier studies are confirmed in that

TABLE XII
GONORRHOEA: EARLY SYPHILIS RATIO IN MALES, BY RACE, 1966
England and Wales only

Race	No. of Cases		Gonorrhoea: Early Syphilis Ratio
	Gonorrhoea	Early Syphilis	
European	940	85	11.1:1
Asian	2,282	200	11.4:1
Other Non-Negro	423	35	12.1:1
Other Negro	213	9	23.7:1
Mediterranean	1,201	50	24.0:1
UK-born	14,565	547	26.6:1
Irish	1,386	45	30.8:1
African	777	21	37.0:1
West Indian	4,900	95	51.6:1
Total	26,687	1,087	24.6:1

much higher ratios were encountered in West Indian and African Negroes coming from areas where yaws is endemic than in those, particularly Asians, from non-yaws areas—although the difference is less marked than in former years.

Female Patients

Percentage of Immigrants The racial distribution for female patients is shown in Table XIII.

The percentage of women born in the United Kingdom (82.1 per cent.) remained substantially higher than that of men (50.3 per cent.) and this percentage of females was almost identical for both primary and secondary syphilis and for gonorrhoea. West Indian females accounted for 4.8 per cent., which proportion, as has been the case throughout the studies in males, was notably less than the proportion of gonococcal infections in this group. Four Asian females with primary and secondary syphilis were treated in 1966 compared with none in 1965.

TABLE XIII

RACIAL DISTRIBUTION OF FEMALE PATIENTS WITH PRIMARY AND SECONDARY SYPHILIS, 1966, AND COMPARISON WITH GONORRHOEA

Country of Origin	Area			
	Scotland	England and Wales		
		No. of Cases	Percentage	
			Syphilis	Gonorrhoea
West Indies (Negro)	—	11	4.8	7.5
Africa (Negro)	—	1	0.4	0.7
Other Negro	—	2	0.9	0.2
Asia	—	4	1.7	0.5
Mediterranean	—	4	1.7	1.1
United Kingdom	20	188	82.1	82.4
Eire	—	6	2.6	4.5
Other Europe	—	10	4.4	2.2
All Other Non-Negro	—	3	1.3	0.8
Total	20	229	100.0	100.0

In Scotland, all of the twenty female patients seen with primary and secondary syphilis were born in the United Kingdom; in 1965 the proportion was 92.6 per cent.

Racial Distribution according to Size of Towns and Cities Table XIV shows that, of 41 female immigrants with primary and secondary syphilis, no less than 32 were treated in London and cities exceeding 500,000 population (28 in London) and only nine in the 127 participating clinics situated in towns and cities with a population below 500,000.

TABLE XIV
RACIAL DISTRIBUTION OF FEMALE PATIENTS, BY POPULATION OF TOWNS AND CITIES, 1966

Area		Race					
		West Indians		Other Immigrants		UK-born	
		No.	Per cent.	No.	Per cent.	No.	Per cent.
England and Wales	London Over 500,000	9	81.8	19	63.3	62	32.9
	100,000–500,000	—	—	4	13.3	41	21.8
	50,000–100,000	1	9.1	2	0.7	48	25.5
	Under 50,000	1	9.1	4	1.3	29	15.4
	Total	11 (4.8 Per cent.)	100.0	30 (13.1 Per cent.)	100.0	188 (82.1 Per cent.)	100.0
Scotland		—	—	—	—	20	100.0

Racial Distribution of Primary and Secondary Syphilis compared with Gonorrhoea The summary pattern presented in Table XV shows a similarity between the two diseases but proportionately fewer West Indians and more other immigrants were treated for syphilis than gonorrhoea.

TABLE XV

PERCENTAGE RACIAL DISTRIBUTION OF FEMALE PATIENTS WITH PRIMARY AND SECONDARY SYPHILIS AND WITH GONORRHOEA, 1966
England and Wales only

Race	Percentage	
	Primary and Secondary Syphilis	Gonorrhoea
West Indians	4.8	7.5
Other Immigrants	13.1	10.0
UK-born	82.1	82.4
Total	100.0	100.0

Comparison with Earlier Studies The percentage findings are compared with those of the earlier studies in Table XVI (overleaf). Ignoring the figures for 1963, which included early latent cases, the overall trends for most immigrant groups are fairly stable, apart from a fall in West Indian female patients with some compensatory rise in those born in the United Kingdom.

Ratio of Gonorrhoea to Primary and Secondary Syphilis (Table XVII, overleaf) The current gonorrhoea: early syphilis ratio is lowest for other immigrants and highest for West Indians, possibly because of a lower susceptibility to primary and secondary syphilis in the latter group attributable to past infections with yaws.

TABLE XVI
PERCENTAGE COMPARISON OF FEMALE CASES IN
1966 WITH PREVIOUS STUDIES
England and Wales only

Country of Origin	Year			
	1963*	1964	1965	1966
West Indies (Negro)	29.1	9.7	4.9	4.8
Africa (Negro)	0.4	0.5	0.4	0.4
Other Negro	—	—	—	0.9
Asia	2.0	1.0	—	1.7
Mediterranean	2.8	1.0	0.8	1.7
United Kingdom	59.4	79.0	86.8	82.1
Eire	4.0	4.1	4.1	2.6
Other Europe	1.9	4.6	2.6	4.4
All Other Non-Negro	0.4	—	0.4	1.3
Total	100.0	100.0	100.0	100.0

* Includes early latent cases also.

TABLE XVII
GONORRHOEA:EARLY SYPHILIS RATIO IN FEMALES,
BY RACE, 1966
England and Wales only

Race	No. of Cases		Gonorrhoea: Early Syphilis Ratio
	Gonorrhoea	Early Syphilis	
West Indians	671	11	61.0:1
Other Immigrants	895	30	29.8:1
UK-born	7,344	188	39.1:1
Total	8,910	229	38.9:1

Male:Female Ratio, by Race (Table XVIII)

The male:female ratio in both primary and secondary syphilis and in gonorrhoea was lowest in those born in the United Kingdom and highest in "other immigrant" groups. However, the ratios for primary and secondary syphilis are now resembling those for gonorrhoea more closely than heretofore.

TABLE XVIII
MALE:FEMALE RATIOS FOR PRIMARY AND
SECONDARY SYPHILIS COMPARED WITH
GONORRHOEA, BY RACE, 1966
England and Wales only

Race	Primary and Secondary Syphilis			Gonorrhoea		
	Males	Fe- males	Male: Female Ratio	Males	Fe- males	Male: Female Ratio
West Indians	95	11	8.6:1	4,900	671	7.3:1
Other Immigrants	445	30	14.8:1	7,222	895	8.1:1
UK-born	547	188	2.9:1	14,565	7,344	2.0:1
Total	1,087	229	4.5:1	26,687	8,910	3.0:1

Summary and Conclusions

(1) In this, the fourth British Cooperative Clinical Group report of the country of origin of patients with syphilis, a study is made of 1,387 patients

with primary and secondary syphilis treated in 182 clinics in England and Wales and in Scotland during 1966*. The percentage of the national total of cases included in the study was 95.6 per cent. in England and Wales and 94.7 per cent. in Scotland. Compared with 1965, lower rates were noted in 1966 in all areas except the towns and cities of England and Wales with populations of 50,000–100,000.

(2) In 1966, 71.0 per cent. of infections in males and 59.0 per cent. in females were noted in five cities, including London, with a population exceeding 500,000. In 1965 the figures were 74.5 and 62.0 per cent. respectively, indicating a somewhat lower concentration in the larger cities.

(3) In England and Wales in 1966, 50.3 per cent. of infections in males occurred in men born in the United Kingdom (54.5 per cent. in 1965), 8.7 per cent. occurred in West Indians (5.0 per cent. in 1965), and the share of "other immigrants" was 40.9 per cent. (40.5 per cent. in 1965).

(4) The substantial rise in the numbers of male Asians with primary and secondary syphilis noted in 1965, when they contributed 19.0 per cent. of infections, did not much diminish in 1966 when they accounted for 18.4 per cent. Although 73.5 per cent. of them were treated in the five towns and cities including London with a population of 500,000 or more, they nevertheless accounted for 29 of 114 cases (25.4 per cent.) of primary and secondary syphilis encountered in the 89 clinics in towns and cities with a population of 100,000 or less.

(5) In Scotland in 1966, 80.4 per cent. of infections in males occurred in men born in the United Kingdom. Asians (with 9.8 per cent.) being the most important immigrant group.

(6) The findings of the previous studies are confirmed in that by far the highest gonorrhoea: primary and secondary syphilis ratios occurred among male African and West Indian Negroes coming from yaws areas than among the "other immigrant" or non-immigrant racial groups.

(7) In Scotland, all of twenty infections in females occurred in women born in the United Kingdom (92.6 per cent. in 1965). In England and Wales, 82.1 per cent. were born in the United Kingdom (86.8 per cent. in 1965), 4.8 per cent. were West Indians (4.9 per cent. in 1965), and 13.1 per cent. (8.3 per cent. in 1965) were "other immigrants".

*The list of participating clinics is given in the British Cooperative Clinical Group Gonorrhoea Study (*Brit. J. vener. Dis.*, 1968, 44, 61).

**La syphilis primaire et secondaire
Une étude concernant le pays d'origine des
malades, 1966**

RÉSUMÉ ET CONCLUSIONS

(1) Dans ce quatrième rapport de la British Cooperative Clinical Group concernant le pays d'origine des malades atteints de syphilis, une étude est faite au sujet de 1,387 malades atteints de syphilis primaire et secondaire traités dans 182 dispensaires en Angleterre, au Pays de Galles et en Ecosse pendant 1966. Le pourcentage du total national des cas inclus dans cette étude était de 95,6 pour cent pour l'Angleterre et le Pays de Galles et de 94,7 pour cent pour l'Ecosse. Comparés à 1965 des taux plus bas ont été notés pendant 1966 dans toutes les régions excepté les grandes villes d'Angleterre et du Pays de Galles ayant une population de 50,000 à 100,000 habitants.

(2) En 1966, 71,0 pour cent des infections chez les hommes et 59,0 pour cent chez les femmes ont été notés dans cinq grandes villes, y compris Londres, ayant une population excédant 500,000. En 1965 les chiffres respectifs avaient été 74,5 pour cent et 62,0 pour cent indiquant plutôt une concentration plus faible dans les grandes villes.

(3) En 1966, en Angleterre et au Pays de Galles, 50,3 pour cent des infections chez les hommes avaient eu lieu chez ceux nés au Royaume-Uni (54,5 pour cent en 1965), 8,7 pour cent chez les Antillais (5,0 pour cent en 1965) et la part "des autres immigrants" avait été de 40,9 pour cent (40,5 pour cent en 1965).

(4) L'augmentation substantielle dans le nombre d'Asiatiques males atteints de syphilis primaire et

secondaire notée en 1965, quand ils avaient contribué 19,0 pour cent des infections n'avait pas beaucoup diminué en 1966 quand ils en avaient contribué 18,4 pour cent. Quoique 73,5 pour cent d'entre eux avaient été traités dans cinq grandes villes, y compris Londres, ayant une population de 500,000 ou plus, on avait néanmoins compté parmi eux 29 des 114 cas (25,4 pour cent) de syphilis primaire et secondaire rencontrés dans les 89 dispensaires des grandes villes ayant une population de 100,000 ou moins.

(5) En 1966 en Ecosse, 80,4 pour cent des infections chez les hommes avaient eu lieu chez des hommes nés au Royaume-Uni, et les Asiatiques avec 9,8 pour cent avaient été le plus important du groupe formé d'immigrants.

(6) Les constatations des études précédentes ont confirmé que les plus fortes proportions blennorragie: syphilis primaire et secondaire étaient rencontrées chez les nègres Africains et Antillais venant des régions où sevit le pian plutôt que chez d'autres immigrants ou groupes raciaux formés de non-immigrants.

(7) En Ecosse toutes les vingt infections chez les femmes ont été trouvées chez celles nées au Royaume-Uni (92,6 pour cent en 1965). En Angleterre et au Pays de Galles, 82,1 pour cent étaient nées au Royaume-Uni (86,8 pour cent en 1965), 4,8 pour cent étaient des Antillaises (4,9 pour cent en 1965) et 13,1 pour cent étaient "d'autres immigrantes" (8,3 pour cent en 1965).

(La liste des dispensaires qui ont participé à cette étude est donnée dans l'étude de la British Cooperative Clinical Group sur la blennorragie: *Brit. J. vener. Dis.*, 1968, 44, 61.)